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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SINGULTUS WITH CHRONIC GAS-TRITIS.

By J. J. McCulloch, M. D.

Of Centreville, Texas.

I take great pleasure in drawing off a synopsis of my treatment of a very singular case with remarkable recovery, which, if approved of, I wish to be allowed a place in your valuable journal.

It is not true that every doctor who is eminently qualified to make contributions to the medical and surgical journals of the country takes it upon himself to submit a report of the treatment of a knotty case to some good practical journal for publication. Not one in a hundred does this, and yet every one has a right to do so if he chooses.

While I am aware that the great metropolis of Philadelphia—the Paris of America—is blessed with many eminent physicians and professors who fill her wards, districts and Universities—colleges long regarded as among the ablest in the world, where course upon course of medical lectures, accompanied with surgical demonstrations by able hands, are delivered; while I know that these men with gray heads, who have devoted a half century to the acquisition of a knowledge of the art of the practice of the noble profession, of which I am proud to be a member—and who still confess that they have much to learn—are frequent contributors to THE REPORTER, I am caused to blush when I send forward one of my humble articles.

Flint Petty, a blacksmith, æt. 51, about eighteen months ago or more, had had an attack of singultus, with pain in the stomach. This was before I made his acquaintance. About a year ago he moved to this place, since

which time he has been busily engaged at his trade. About six weeks before this man was confined to his bed, he was being treated by me for inflammatory stricture of the urethra. A cure was brought about by one or two applications of caustic, and the introduction of a catheter as large as the parts would admit of, together with anodynes, laudanum, enemata, and cold water upon the genitals. The stricture had its origin, as is well known, from spasm of the muscles connected with the membranous portion of the urethra, and not being stubborn and obstinate, it was easily managed. When about well—a week or ten days before I discharged him—he called at my office, and wished me to make him a prescription for hiccough, telling me that it was annoying him night and day, and that he had had attacks of it for the last two years, the paroxysms on one or two occasions being very severe. The prescription put up was as follows:

R. Sulp. ether, ʒj.
Gum camph., ʒij. M.

Dose—30 to 40 gts. with x grs. cal. magnesias, in a little water, and repeat every hour or two if necessary.*

It is well known to the profession that the above was a favorite anti-emetic with the late Prof. EBERLE. For a while it answered first-rate in controlling the spasmodic inspiration. Sometime about the middle of February I was at Mr. P's shop on business when he put at me—to use his own words—"for some more of that hiccough medicine." "Very well," said I, "call over at the office this evening at 8 o'clock." According to appointment the patient was on hand, and I again put him under ether and camphor. As before, this controlled the muscles for a time, the hiccough returning. His

* As an anti-emetic Prof. Eberle gives it every half hour.

strength began to fail him, and on the 4th of March, in my absence, Dr. B. F. CROWELL was called in to find him confined to his bed, laboring under another severe convulsion of the muscles of respiration. The doctor shut in the spasm with some of the remedies usually recommended in such cases; but stay repressed it would not. On my return Dr. C. called at my office, and told me of all that had transpired, and all that was likely to transpire, and with some suggestions kindly gave way, and next morning I again took charge of the case. The reader will bear in mind that the patient was hiccupping when pulled down and confined to his room, and that this distressing convulsive catch could not be looked over or treated altogether as a mere effect.

I went through the whole catalogue of alteratives, anodynes and antispasmodics—from alpha to omega—beginning with small doses of morphia, hyoscymus, hydrocyanic acid, bismuth, etc., and ending with bromide of potassium and tincture of aconite. I would have tried hydrate of chloral, but unfortunately—perhaps I had better say fortunately—there was none in town. Too many medicines had already been used to no purpose. I was getting wearied, for I had hammered on the everlasting spasm with as much zeal, energy and perseverance, as ever did Flint Petty his iron, and finding that there was no more coal to run the fire, almost despaired of reducing the *metal* of the convulsion in order that it might be broken. Call on the patient when I would, I was annoyed with that peculiar sound of spasmodic inspiration, so characteristic of hiccup, in the advanced stages of either acute or chronic disease, and which is invariably alarming.

On the 15th ult. I discovered that the disease had assumed a continued or dothin-enteritic type. The glands of Peyer and Bruner were evidently involved, as there was considerable pain on pressure of the right iliac fossa. The case was now becoming so very complicated as to be almost unmanageable. There was something wrong at the pyloric orifice, the gentlest pressure immediately over this region causing the patient to exclaim in a loud whisper—"Oh! doctor, don't!" It was upon this and other diagnostic symptoms that I based an opinion of the formation of an ulcer. Under all the circumstances a positive diagnosis could not be made.

Says Prof. FLINT: "A strong suspicion of the existence of the affection may, in some cases, be reasonably entertained, when the symptoms do not warrant a positive diagnosis." As to the singultus, it is proof sufficient that there was irritation, inflammation, or some abnormal condition of the pneumogastric nerve. Now, whether this singular chronic affection of the par vagum had its origin from the deranged stomach, or *vice versa*, I am unable to say. While the patient in question is a quiet, peaceable, social, genial and hospitable citizen—and I might say, quite temperate—yet, since his recovery, I learn that for a month or six weeks previous to his confinement he had been in the habit of taking a dram every morning before breakfast, and one or two through the day. I have no doubt that the spirit drinking aggravated the chronic into the acute inflammation. But enough of this. Suffice it to say that the disease assumed a low continued type. The skin was dry; tongue, furred with a white coat, red at the tip and around the edges; great thirst; anorexia; intense pain in the back of the head; pulse, frequent and very feeble; so much prostrated as not to be able to assist himself in the least; features very much shrunken, with despairing expression; abdomen, tympanitic. The bowels at first constipated, afterward loose, owing, I suppose, to the follicles becoming involved; the evacuations were of a serous character, and as the patient was laboring under hemorrhoids, the discharges were *mixed with blood* so characteristic of the second stage of dysentery.

This obstacle in the way of treatment annoyed me no little. Gave the patient the late Prof. MITCHELL's remedy in dysentery; ipecac., opium and calomel, a grain of each made into a pill; also camphor mixture, and applied poultices to the bowels. In consequence of irritation or inflammation of the pneumogastric nerve, I applied a blister immediately over the *medulla oblongata*, shaving off the hair and placing the plaster as high up over the *cerebellum* as possible. Still no improvement. I began to think that I would do well if I only succeeded in temporarily ameliorating the condition of my patient, much less save him. I applied another plaster of cantharides to the back of the head and nape of the neck, and discovered that the fly wounded the disease. The singultus was partially arrested, the paroxysms becoming compara-

tively light. He continued to improve until the evening of the 20th, when he relapsed from eating a biscuit and drinking a cup of coffee, and stepping out a little too soon. As this is the only case of the kind—take it with all its complications—that has ever been treated by me, or that I have ever seen or read of, I was satisfied that if he died I would not be censured by the sensible portion of the community for not understanding the disease and treating it correctly and scientifically.

On the 23d, general condition about the same as before the relapse. (As this article is getting lengthy, I will be brief as possible, noticing only the most important points.) The bowels again began to move off; evacuations watery; at first of a slaty color, and then black mixed with blood, with now and then lumps of hard fecal matter; abdomen tympanitic, and patient sleeping at short intervals; mourning and muttering delirium present all the while; tongue dry and very red. Ordered turpentine emulsion every two hours, and blister over the stomach proper and the duodenum.

Patient's condition remained about the same for five or six days. Every visit I made him I hoped to see a change for the better. I was satisfied if medicine did not speedily recruit the powers of nature, I had good reason to regard the case as a most critical one; indeed, the balance of chances were against him. The great prostration, tympanitis, anxious and shrunken features, interrupted sleep, low muttering delirium, feeble and frequent pulse, made my prognosis still more unfavorable than during the first course of treatment. Indeed, it is very rare to have a recovery from any attack after such alarming symptoms. During the week he was treated as before. He was allowed nothing in the way of diet save wine whey, toast water and arrow-root jelly. In addition to the above treatment, I put him on the following prescription:

R. Nitr. argent. (crys.), gr.j.
Hyoscyamus extr., gr.iv.
Sub. nitr. bismuth, gr.xx. M.
Et divide in pilulas iv. One every six hours.

These pills were given every other day, for a week. The scales soon began to rock, and favorable soon outweighed unfavorable prognosis. The nitr. argenti, subnitrate of bismuth and turpentine emulsion seemed to have as happy effect upon the follicles of the bowels as did the blisters at the nape of the neck on

the par vagum nerve. The diarrhoea was arrested, and the bowels so completely locked up that I had to use enemas to bring about an operation. From the time the above treatment was instituted, he soon began to improve, and continued to do so gradually until I discharged him. He is now with his friends, on the river, and improving rapidly.

I must further add that the hiccough returned a day or so before I quit him. Gave him carb. ligni, one teaspoonful in water three times a day. Patient had had symptoms of dyspepsia and been treated for it, and my reason for giving him the charcoal is this: On the day that he ate the biscuit and drank a cup of strong coffee, which caused a relapse, I examined the ejections of the stomach, and found the small undigested pieces of bread covered with a tenacious *fatid grumous* matter, black as tar, which led me to believe that the glands as well as the ulcer of the stomach had become gangrenous. It belonged to that particular class of *gangrene senilis*, or spontaneous gangrene, as laid down by the late immortal DUNGLISON.

Before I close, the reader will bear in mind that the hiccough returned just before the patient was discharged. The spasm was light, and thinking that there was still some slight irritation of the pneumogastric nerve, I directed that another plaster of cantharides be applied to the nape of the neck, and gave the charcoal as before. It acted like a charm. The spasm subsided, and he has not hiccoughed since. When he left for the Trinity, I put him on subcarbonate of iron and porter. I neglected to mention that he could not take quinine.

I believe that I have given all the particulars of this case—a patient whose illness was as singular as his recovery was wonderful.

SCARLET FEVER.

By J. H. TRAYLOR, M. D.,

Of Cape Girardeau, Mo.

As there has been much written about scarlet fever and its treatment in your pages, you will suffer me to give through your columns the history of two cases as they occurred in my practice of a recent date, and some remarks on treatment.

Mrs. McC., æt. 22, primipara, was confined, November 19, 1870; convalesced finely until the ninth day, when in the evening fever of a

high grade set up. No perceptible cause for it; involution going on nicely; lochia normal; secretion of milk normal. The fever continued until the third morning, when there was some abatement, with scarlet rash about the arm-pits and over the chest. On the fourth day the rash was almost complete over the entire body. This case proved to be a perfect type of scarlet fever, even the desquamation proving to be perfect. She knows she has not seen a case of scarlet fever in a year, and does not recollect of ever seeing a case. She had been living in the country during her pregnancy, and had only been in town for a few weeks, where she had come for her confinement; she had not been out of the yard during that time, and only out of the house a few times. There were some uterine complications during the desquamative stages, but they yielded kindly to treatment and convalescence was perfect. The urine was loaded with albumen during the desquamation and for sometime afterward.

C. M., æt. 8, male, was taken, Nov. 28, 1870, with high fever; no perceptible cause. On the third day scarlet rash was discovered about the arm-pits and over the chest; the rash became general on the fourth day. The course of this case was also that of normal scarlet fever.

There was no scarlet fever in either neighborhood in which these patients lived, and there was no connection between the families. There was no scarlet fever in the place at that time; if so, I could gain no knowledge of it. Neither case had been away from home so as to come in contact with it, if it had existed anywhere in the surroundings. In my opinion these were genuine cases of scarlet fever of a sporadic origin. No other cases followed them in my practice.

RANSBOTTOM, in his admirable work on midwifery, tells us that the poison of scarlet fever may enter the system of an *enciente* and lay dormant during pregnancy, and after confinement incubate and produce scarlet fever. He looks on scarlet fever in puerperal women as very fatal, having only known two cases to recover. Knowing these facts as stated by him, I tried to trace the origin of the fever of Mrs. McC. to previous contamination in the neighborhood where she had lived, but failed to find there any cases which even resembled that of scarlet fever.

As regards treatment I have only a few

suggestions to make. A few remedies well managed are much more successful than many, badly managed, in the hands of a judicious practitioner. Place two mechanics, one on each side of the same bench, with the same tools and the same material, one will mould a beautiful architectural design; the other a perfect botch.

Give two artists the same material, one will produce a beautiful artistical design, almost life-like in appearance; the other will make a perfect daub. Thus it is with medicine. Take two physicians in the same neighborhood with the same class of patients and same remedies and text books; one will cure nearly all of his patients, making speedy convalescence, while the other will have many unruly cases, many deaths and long convalescence. It is not in the difference in the class or type of the disease that the difference in the success of the two men is founded, but in the more judicious management of the remedies brought to bear by the one than the other.

Some practitioners labor all their lives in trying to mould their cases to suit their ideas as drawn from their text books or favorite authors, never observing accurately, at the bed side, the symptoms, duration and pathological condition of their patients; never learning, by experience, the action of remedies. These practitioners are always doomed to disappointment; always hunting for specifics among the observations of others; always with a list of new remedies to try; and above all, nothing from their own observation to contribute to medical lore, having continually to draw on the experience of others for all they say and do.

There are many modifying circumstances as well as aggravating ones in the type of disease which call for derivations and modifications in the use of remedies; it is the understanding of these circumstances and the judicious handling of remedies to suit them that give largely the success of a practitioner.

We look on scarlet fever as one of the eruptive diseases, and so class it. It has its state of incubation whether it springs sporadically or from contagion; its state of development, duration and decline. When its course is normal, remedies accomplish very little; in fact very little should be attempted. When from some idiosyncrasy in the patient it departs from its normal type, and sets up those pathological conditions which, if not checked,

will evidently terminate in desolution, is the time when remedies are required and when their judicious management accomplishes so much. This departure is generally marked by its attack on the throat; it is evidently an asthenic condition and requires a supporting treatment.

Calomel I look on as a spanæmic, and calculated to increase the morbid action of the poison on the blood. It can act only by catalysis, which power it does not possess in any degree whatever, in this disease. Quinine I also look on as a spanæmic and not a tonic, although a powerful antiperiodic. It acts on the gastric glands, stimulating them to a greater secretion when taken in small quantities, causing a more perfect digestion, thus offering to the blood a better pabulum for its nourishment. It is good in those cases of debility where the stomach is at fault. In scarlet fever the debility is from the morbid action of the poison on the blood, and requires either elimination or neutralization. Calomel and quinine possess neither of these qualities, and if ever given, should always be done with great caution, as they both destroy the red corpuscles of the blood when given in the least excess, which is already being carried on with too much success by the scarlatinal poison. They only increase that condition of the blood which the scarlatinal poison gives rise to.

The preparations of iron and potash are the only two remedies which I place any reliance on as possessing properties which counteract the poisonous action of scarlatina on the blood. They should be given as much as the system can bear, this capacity being judged of by the physician, as some people bear much more of these remedies than others. The muriated tincture of iron and the chlorate of potash are the two preparations mostly used. It should be remembered that a large amount of the material sold in the shops as tincture of iron is nothing more than acidulated diluted alcohol merely colored with iron, containing really a very small proportion of that metal, and a large proportion of the chlorate of potash very insoluble. If the practitioner wishes his patients to get the amount of these remedies desired, he should be very careful of the quality, and the compounding of his prescriptions.

Nitrate of silver has a very powerful neutralizing effect on the poison as distributed

over the surface of the back part of the mouth and larynx. Its cauterizing properties never extend deep, therefore it is easily managed. I always use it in solution, and just strong enough to turn the parts white on its application (gr. xx. to the ℥j. of water). If much tumefaction takes place about the neck and throat, the application of leeches is greatly beneficial in the relief of local congestion. The depletion should never be carried far enough to depress the system in the least. The use of cold or hot applications subserves this end frequently, but it requires great skill in their use, and must not be trusted to common and negligent hands. The physician who is a close attendant to his patients, and is explicit in directions, can use these remedies with great success. There is no remedy so prone to evil as cold when injudiciously used, and the same can almost be said of heat. Tartar emetic should always be avoided, and if an emetic is necessary to clear the throat of a too abundant secretion, ipecac. should always be preferred; lobelia acts equally well, but is too depressing to the nervous system.

If the powers of life are giving way, stimulants should be used; I have never seen any bad results from them unless carried to an excess, and this only by action on the nervous system. Alcoholic preparations are preferred to those of ammonia. Some patients bear much more than others; stimulation should be used just so as to be felt by the patient. As much nutritious diet should be given as the patient will take; if the stomach does not convert it into chyme, and it remains undigested, either in the stomach or bowels, it will do harm, and should be given in less quantities or changed to another kind. All digestive apparatuses are weak, and not given to much digestion when the system is laboring under a powerful disease; therefore, all diets given under these conditions should be as nearly prepared as possible for absorption by the lactals before taking into the stomach. I have learned by experience that a large amount of the beef-teas and soups generally prepared on such occasions are very indigestible and unnutritious. Beef extracts I have never used; I therefore rely mostly on milk and its preparations and broths.

Success in practice depends upon a knowledge of the direct and indirect causes of disease, with a thorough knowledge of the phy-

biological action of remedies, and not to any specific action which the practitioner may attach to the remedies used. If he depends upon the supposed specific action of his remedies, he will be foiled in treating the abnormalities of the disease, the very cases in which his skill is called most into requisition.

CASE OF POISONING BY OPIUM.

By F. H. ROOFE, M. D.,

Of Clifton Springs, N. Y.

The following case is reported simply on account of the large quantity of opium taken, and the favorable result following the persistent attempts made to arouse the system sufficiently to get the action of an emetic, and to overcome the stupor, notwithstanding the tardiness with which medical aid was summoned.

On Thursday evening, April 19, 1871, I was called to see Robert F., æt. 21, a native of Michigan, under treatment here for spermatorrhea, following masturbation, accompanied with great mental distress, nervousness, sleeplessness, etc. Found high fever, with full, bounding pulse; flushed face; respiration slow; bathed in profuse perspiration; pupil immovably contracted to size of large pin head. At first unable to communicate but by dint of great effort to arouse him; on questioning he stated that he had taken opium in large quantities to quiet his suffering.

Having no stomach pump nor sufficient amount of an emetic with me, until it could be procured ordered strong coffee, and mixed one drachm tinct. bell. (conct.) in half glass of water, both of which in small quantities were with difficulty forced down in alternation. The attendant stated that he had been for nearly an hour arriving at this condition, the countenance often becoming livid. A bottle was found which had contained tinct. opii, a sediment of which remained to side and bottom. It was becoming more and more difficult to arouse him, when, the powd. ipecac. arriving, a teaspoonful was at once mixed with mustard and warm water. Before he could be awakened sufficiently to swallow, he was dragged, being perfectly limp for about thirty minutes, across the room, spanked, pinched, hallooed at, and ice water thrown in the face; but not until seated in a tub of cold water was he aroused enough to take the emetic, which had no effect but to depress

the pulse and incline to the sedative stage of the poisonous result.

After three repetitions of the above dose, increasing the amount of ipecac., arousing with equal difficulty each time, assisting the action with mustard to epigastrium, when held in the upright position he vomited with great force about a pint of dark liquid having a strong odor of opium, apparently in large quantities. Notwithstanding this it was necessary to redouble our efforts to keep him awake, the pulse now becoming extremely rapid and weak, the surface covered with a cold perspiration. He was rubbed with a solution of mustard and capsicum and warm water until the skin became red. Sinaplasms also applied to the back of neck. Through the night with the greatest difficulty he was given, in alternation, the emetic, coffee and belladonna, with the effect of dilating the pupil perceptibly and slightly rousing the system. He first vomited about 1 o'clock, since when he gradually improved, still sleeping heavily, vomiting when awakened; opium was detected in each dejection, but not so largely as in the first instance, which, no doubt, saved his life.

On Sunday, the 23d, he stated that he intended suicide. On the 18th he obtained half an ounce tinct. opium, and half ounce powder do.; that evening he took enough laudanum to occasion trouble; sleep at about 10 A. M. On the 19th he took a sip of laudanum, vomiting after each dose; about 6 P. M., he poured a teaspoonful of powdered opium into the half ounce vial of tinct. opii, then half full; this, he drank, and in water took over half of the powdered opium, and threw the balance in the slop-pail. From this, his statement, and the druggist's corroboration as to amount purchased—samples from same jar and bottle being examined by myself, and found fresh and pure—together with the large quantity first vomited, the inference can but be drawn that he swallowed at least three drachms of laudanum, and, certainly, two of powdered opium.

April 27.—He is now nearly in his previous condition, sleeping heavily at times, though readily awakened; his general condition giving evidence of the great nervous shock his system has sustained.

Tartar emetic was not given, owing to the depression caused by the ipecac.; the belladonna undoubtedly assisted in counteracting

some of the bad effects of the opium. In this connection I would state that in a case of belladonna poisoning occurring in my practice, a few months since, 3ij. fluid ext. having been taken, a solution of tinct. opium, repeated often in medium doses, greatly assisted recovery.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. Gross.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

April 19, 1871.

Fatty Tumor of Unusual Location.

GENTLEMEN: John Keenan, set. 54 years, has a tumor of twelve years' standing, located in his left temple. It has very much the feel of a sebaceous tumor, were it not for the presence of a hard mass in its interior, which latter causes me to question the truth of my diagnosis.

[The tumor was now removed. The superficial fascia under which the tumor was located was exceedingly dense. It proved to be fat and excessively vascular.—R. M. T.]

This is a most unusual situation for a tumor of this kind, though a fatty tumor may occur in any part of the body. Dr. JAMES TAYLOR, since deceased, brought to my notice a fatty tumor which he had removed from the palm of a woman's hand, this being another infrequent situation.

It is only when fatty tumors are of very large size, or when they grow very rapidly, that they are likely to be very vascular. They are liable to inflammation, supuration, ulceration and gangrene. These events, however, are infrequent, and are usually induced by mechanical pressure, caustic applications, or inefficient nourishment. Medical treatment of this class of growths rarely accomplishes anything, though Mr. BRODIE succeeded in removing a large mass of fat from a man's chin and neck by the free and persistent use of a solution of potassa.

Paralysis following Dentition.

George Hoover, set. two years and four months; is a child, very small, very short, and lacking power in his lower extremities. This child, according to the statement of the father, weighed eight pounds at birth, and seven and a half pounds nine months after; not much of a gain!

The child suffered from spasms when a year old. Its teeth, dentition being in progress at present, are in bad condition. Otherwise than I have mentioned the child seems well. Its intellect is good. How then can we account for its present helplessness?

While we sum up the case we glean the following facts. This attack came on suddenly. The child was teething, and during the day had seemed perfectly healthy. It awoke early the following morning with coated tongue, excessive thirst, dry skin, and all the other attendants of high fever, and was found to be unable to maintain itself upon its feet. As the case unfavorably progressed the muscles became soft and atrophied, and ultimately underwent partial fatty degeneration. The legs became flabby and cold, but while the lower extremities were thus affected, the rest of the body developed itself as under ordinary circumstances.

The only way that such an occurrence can be explained, is, that the arachnoid, which is a serous membrane, surrounding the spinal cord, by reflex irritation from dentition, became suddenly congested. As a result of this congestion, fluid was effused upon the cord, and its gravitation pressing upon the lower portion, caused paralysis of those nerves distributed to the lower extremities. Now this fluid was more than simply serum, because serum would ultimately have become absorbed. Lymph or fibrin must have been effused, and by becoming organized, maintained its situation and thus kept up the paralysis. In order to relieve the existing trouble, then, supposing this explanation to be correct, the treatment should be only such as would remove the deposit. We want, therefore, the application of sorbifacient remedies along the spine, such as the mild veratria ointment, either alone, or in combination with mercurial ointment. Veratria is a powerful stimulant to the nervous structure, and mercury is likewise a good absorbent, by its action upon the absorbent vessels.

Such ointment, in combination with the hot and cold douche, should be continuously applied, twice daily, for a number of months.

Internally, we can give this child one-quarter of a grain of the iodide of potassium or sodium, in combination with the minute doses of the corrosive chloride of mercury, three times daily, being careful, however, when we use the remedy long, to have intermissions of three, four or five days in the treatment, according to circumstances, so that the stomach may be rested and not rebel against the remedy.

If the system is not well nourished, we can give three drops of the tincture of the chloride of iron, three times daily, to a child of this age. It is a powerful tonic, increasing the coloring matter and fibrin of the blood. Huxam's tincture of bark and the syrup of the iodide of iron would also be good remedies in similar cases. The limbs should be thoroughly rubbed; flagellation would also be here indicated.

Notwithstanding what I have said, I am afraid the prognosis here is of the very worst kind.

Partial Paralysis of the Forearm and Fingers.

William Calverson, *æt.* 55 years; can lift nothing with his left hand. He has been in this condition for two weeks. The hand and arm have been jarred a good deal from holding an iron hammer against boiler plates, while the latter were being riveted together. The paralysis followed a day of unusual exertion.

In the hand, the thumb, index, and middle fingers are most affected, whence I infer that it is the median nerve that suffers from the jarings or concussions. The median nerve supplies all the superficial muscles on the front of the forearm, with the exception of the flexor carpi ulnaris; and the anterior interosseous nerve, derived from the median, supplies all the deep muscles on the front of the forearm, except the flexor carpi ulnaris, and inner half of the flexor profundus digitorum.

This, then, is a partial paralysis, due to overexertion. The prognosis here is good. We will direct this man to wash his arm and hand well with hot water and castile soap for fifteen minutes at a time, and immediately afterward pour on the parts several gallons of cold water, keeping up, meantime, a constant rubbing.

We will also apply an ointment, containing a drachm of veratria to the ounce of simple cerate, directing that a piece, the size of a pea, be rubbed on the arm morning and night.

Synovitis Thecitis.

Joseph Hill, *æt.* 21 years; has had his right wrist swollen and painful since last December. There is preternatural heat in the part. He has inflammation of the synovial membrane and articular cartilage of the part.

The custom of the present day is to stuff patients laboring under inflammation—a most villainous practice! We will direct this young man to eat no meat and drink no coffee; and also to have applied to the part a dozen foreign leeches. One foreign leech equals three American leeches. We will also have the hand and wrist wrapped in a strong solution of acetate of lead and laudnum.

Augustus Steiner, *æt.* 22 years; has a swelling almost similar in appearance, and in the same locality as had the last patient. There is no preternatural heat here. This swelling is evidently connected with the theca, or sheaths of the tendons. I feel hard masses, as if there might be organized lymph within the sheaths of the tendons.

Sorbefacients are called for here. We will paint the parts with the strong tincture of iodine, and then apply a bandage and direct the hand to be kept up.

—The physicians of St. Albans, Vermont, organized a local medical society. Meetings are to be held monthly.

PHILADELPHIA EYE AND EAR INFIRMARY.

November 12th, 1870.

Ophthalmic Clinic of S. D. KETSER, M. D.

[REPORTED BY J. W. MILLICK, M. D.]

To show the different kinds of opacities of the cornea, several cases were presented and commented upon. As the result of inflammation in the cornea we have opacities of varied appearance, according to the severity and extent of the inflammatory process. There are the epithelial opacities, which are quite superficial and have a smoky, cloudy appearance; the patient complains of everything having a misty appearance. Sometimes these opacities are so light and thin as to cause difficulty in detecting them. They are best detected by throwing an oblique light through a convex lens on the cornea. Parenchymatous opacities are of very varied appearances. In some the whole cornea is opaque throughout, which gives it the appearance of a milky glass, the epithelial surface, however, retaining its normal appearance. In other cases the opacities are flaky, or are thick, white and cloudy, or contain chalky deposits. These are caused by deposits of an opaque gumous substance, formed from shrivelled nuclei and fat cells and swelled corneal cells pressed between the layers of the cornea.

Tendinous Opacities.

Such are composed of tendinous membranes on the anterior surface of the cornea; they differ from the epithelial opacities only in having a thicker neoplastic layer.

Then there are corneal cicatrices from wounds of the cornea; bony degeneration, chalky deposits, and metallic incrustations, where collodiums of lead water, nitrate of silver, opium, etc., have been used, when corneal ulcers, abrasion of the cornea, etc., are present.

Considerable disturbance of vision is caused by these different opacities, according to their position and thickness, particularly if they be over a part or the whole of the pupil, and very injurious results are often thereby caused. Myopia, or short sight, may be developed by the continued strain on the accommodation to see near objects. Strabismus and nystagmus often occur, particularly in children.

The epithelial and parenchymatous opacities may possibly be removed by the proper remedies; and in children may recover spontaneously; but with all the other varieties little hope of their entire removal can be expected, except in occasional cases of metallic incrustation, if not imbedded too deeply in the tissues of the cornea. In the treatment it is necessary to assist the power of absorption and the throwing off of the epithelium. In the more permanent cases, operative assistance may be necessary, if there is enough of the cornea clear to make an iridectomy, an iridodesis or iridodialysis.

In the assisting of the powers of absorption, there are several remedies and methods of applications.

It is necessary to have an irritant to induce a hyperæmia of the part. The remedies mostly employed are the dusting in the eye at intervals of pure hydrarg. chlor. mite, or a finely powdered sulphate of soda, or the application of an ointment composed of the hydrated oxide, or the red oxide of mercury, or the injection of a solution of 20 grs. of the chloride of sodium, or of the sulphate of soda, under the ocular conjunctiva every few weeks, or what is still more effective, the use internally of the potassium iodidum, while calomel is applied locally.

To one of the cases of epithelial opacity, finely powdered sulphate of soda was given, with the direction to dust a little in the eye daily. So the two cases of complete leucoma or parenchymatous opacity, one was given calomel to dust in daily with the use internally of five grains of potassium iodidum, three times daily, with directions to report immediately if inflammation appeared in the eye. The other a solution of salt 20 grs., f. 3j., was injected under the conjunctiva with a hypodermic syringe. In making this operation care must be taken to inject slowly, so as to allow it to encircle the ball without bursting the tissue and running out.

Dr. Keyser particularly favors the use of the iodide of potassium internally, and the calomel locally, and he exhibited two patients who had improved very much under this treatment. It will be noticed by this method that after a few days considerable inflammation of the eye will appear, the conjunctiva and lids will be swollen, and there will be a burning sensation, with some pain or smarting. The calomel should at this stage be discontinued, and if the inflammation is of a very high grade, cold water cloths should be applied to the eye. But continue the iodide of potassium for a few days, until absorption begins. This treatment must be resumed at intervals until the cornea is clear or nearly so.

Dr. Keyser stated that his attention was first attracted to this action (or joint action, as might be stated,) of calomel and iodide of potassium in the spring of 1869, in a case of diffuse keratitis in a lady of scrofulous diathesis, which he had been treating—where considerable parenchymatous opacity had been left, for which he ordered the dusting in of calomel, and, at the same time, had been and was then giving internally the iodide of potassium. In a few days the patient returned with a severe inflammation of the conjunctiva, etc. On the recession of the inflammation, the opacity was very much thinner, and she saw much more light. The calomel was resumed again. The inflammation returned, and on its subsidence the opacity was still more clear, and after the third trial, which, in all, involved a period of nearly six months, the

cornea was perfectly clear, with the exception of one small spot, which was rapidly being absorbed and carried away when the patient left the city.

HENNEQUIN, in the Archives of Sharmazie, October, 1869, mentions a case where he had the same action and effect with these salts on a patient he was treating for opacity of the cornea. Metallic incrustation, if not too deep, can be scraped or lifted off. It is best done with a Beer's cataract knife, and then treat as for parenchymatous opacities.

The next case was a pterygium on the ball of the left eye, in the ocular conjunctiva, lying over the internal rectus muscle, with its apex or point about one line over the cornea. These are generally the result of a conjunctivitis, particularly of the phlyctenular form, and if not removed will continue to grow over the cornea, toward the pupil, until vision is much affected by it. There can be one, two, or more, on the same eye, all pointing toward the pupil. Once developed, it is permanent. In the treatment, any inflammation or severe irritation must be combatted antiphlogistically, after which astringents are necessary. When the symptoms of irritation have receded, then the operative treatment for its removal comes in order, for which there are several methods recommended—that of excision by cutting it off with the scissors, that of ligation by passing double ligatures through and around it, and that of transplantation.

The operation on this patient was a combination of the first two mentioned methods. The pterygium was separated from the cornea by shaving it off close with a cataract knife, as far as the limbus conjunctivalis; the point of a pair of small straight scissors was inserted under the conjunctiva, along the upper edge of the pterygium, which was then cut through to its base near the plica; the lower edge was incised in the same way; the whole growth now being thrown aside, the edges of the conjunctiva were loosened from the ball and brought together by three sutures, completely covering the space from which the pterygium was removed. A ligature was now thrown around the base of the pterygium, and drawn tight. The advantages claimed in this operation are—that the gap in the conjunctiva is closed and thereby sooner unites, and that the pterygium, being ligated, will slough off. But before this takes place the conjunctiva has adhered and is nearly all healed, and hence no vessels can shoot out from the base of the pterygium into the conjunctiva to form a thickened or tendinous cord and perhaps a renewal of the pterygium.

November 2, 1870.

Aural Clinic of Dr. JAS. COLLINS.

In opening his course, the doctor said that it was best to make a few remarks in reference to the ex-

pectations that are likely to arise in the minds of patients suffering with aural affections.

Rapid advances have been made in aural surgery within the last few years, and hence it is no longer considered impossible to do something more for a diseased ear than fill it with some nostrum of popular repute. Careful study of morbid conditions are required to recognize the true substantial lesions, while the ingenuity of the physician must be exercised often to its utmost for their relief.

We will begin by studying such cases as present themselves.

CASES I. and II.—A little girl—Clara, *æt.* 12 years, and Mrs. R., *æt.* 70 years. Both these cases have certain features in common. They both are affected with chronic aural catarrh. It is quite a common affection. You will meet with it, perhaps in its protean forms at every step. We will now proceed to examine both these patients. To do this you must obtain perfect illumination and the proper specula.

On inspection of the right ear of Clara, we see preserved only a rudiment of the membrane of tympanum. The ossicles even have been discharged with the pus, and the middle ear is exposed to view. Upon directing her to close the mouth and nose, fill the cheeks with air and swallow as directed, by FALSALVA, we see little bubbles of air coming up through the purulent mucus at the bottom of the cavity. The doctor calling special attention to Clara, remarked that she was a dark-eyed and dark complexioned child, active and tolerably well developed. There is about her an anxious expression. Her movements seem to indicate that she is ever on the alert to discover by word or look a knowledge of the workings of the busy world about her.

She also suffers from nasal catarrh. These affections are often associated. Indeed, the whole affair may be regarded as a continuously diseased mucous membrane. The mother states that she has had a nasal catarrh for several years; that her ears have now discharged blood, mucus and pus for a long time, but she does not remember exactly how long. The power of hearing is not entirely destroyed, but the means of conveying sound are impaired. The external auditory meatus was excoriated and reddened by the acrid discharging fluids. You will notice, also, the peculiar odor, almost a stench, which emanates from the cavity. 'His odor is persistent, and often a patient will become resigned to his affliction in all else but this horrid stench; and I have often heard the expression, "I do not mind being deaf, but can this horrid odor not be relieved?"

The left ear presents the same general external appearance. But as we inspect the membrane of the tympanum, we perceive that this is only perforated, and welling through the opening drop by drop is seen the purulent fluid from the middle ear. The

membrane of the tympanum is here opaque. The hearing distance is about six inches.

On inquiry of the mother, we learn that a cold was the starting point. So she states. But close inquiry and the appearance of the mother and child at the present moment leave no doubt that this was an auro-nasal and pharyngeal catarrh, and is engrafted upon a syphilitic constitution—the dreadful inheritance of a diseased constitution and poisoned blood, which is playing its defiant will in this poor child. Inspect, now, the throat and pharynx, and that of the mother, and you will find them the same. Doubtless the cold was the accidental spark which exploded the magazine. But in that magazine there were latent elements of destruction which sooner or later would begin their ravages. I do not wonder that the parent as well as the child are anxious.

This, then, is a case of syphilitic inflammation of the middle ear. There is also a node on the left tibia. Now, can anything be done. It is well to attempt to relieve as far as is possible, but the prognosis should be guarded.

I will first endeavor to get rid of the discharge by the use of mild astringents, detergent washes. The zinci sulpho-carbolate, in proportion of 5 grains to 3j. of aqua, should be dropped into the ears twice daily, after washing them out with tepid water, by means of Clark's douche, which is the best. Use all washes tepid.

Then we will endeavor to correct the nutrition by prescribing:

R.	Potass iodidi,	3j.
	Tinct. cinch. co.,	℥j.
	Ext. stillingia,	℥i.
	Aqua,	℥j. M.

S.—Teaspoonful thrice daily after meals.

Great attention must be given to the general health. I will also direct that she drink milk instead of tea or coffee. Fortunately, in this city, we can obtain good milk; and, for children, it serves well for many articles of diet. The cream should be left on the milk and given together.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

April 11, 1871.

The President, Dr. H. L. Loomis, in the Chair.

Stricture of the Rectum.

Dr. FINNELL presented the stomach and intestines of a patient with a history of stricture of the rectum and chronic diarrhoea. Patient was much harassed by vomiting, and found most relief from oxalate of cerium. The stricture, though suspected to be malignant, proved not to be so, simply

a thickening of the intestinal wall extending up as far as the sigmoid flexure.

Oxalic Acid—Poisoning.

Dr. FINNELL recited the history of a fatal case of poisoning, to the effect that a woman desiring a dose of epsom salts took by mistake a paper of oxalic acid. After having swallowed the acid she said she never noticed such a strange taste to salts before. A friend of her's examined the paper and found written very illegibly *Oxalic Acid—Poison*.

Dr. F. was immediately sent for, and in ten minutes was at her bedside. By the use of rancid lamp oil, copious emesis ensued, and this was followed up by chalk and magnesia; two hours after no radial pulse could be distinguished, though she was able to move about the room.

Ten hours after taking the poison she died, and during that time complained much of burning pain in the stomach, with numbness of the extremities, though she was conscious up to death. A symptom of great prominence was the vomiting of blood and mucus, in such abundance that it could be drawn out of the mouth rope fashion. Shortly before death a diarrhoea set in.

Dr. JANEWAY presented a specimen of thrombosis of right side of head, from a patient who had phthisis.

Dr. FLINT showed cancer of pylorus. The main symptoms complained of were swelling and pain.

Tuberculosis of Testis.

Dr. — presented a testis removed from a patient who had received an injury of the scrotum whilst sitting on a chair. The testicle was retracted into the inguinal canal. Inflammation resulted, and a length of time after being removed was found to be infiltrated with tubercle.

The patient was suffering also from phthisis.

BALTIMORE MEDICAL ASSOCIATION.

[REPORTED BY J. W. P. BATES, M. D.]

Fracture of the Fibula.

Dr. WARREN related the following case: Some two months since I was called to see a young lady near York, Pa. Five or six years ago she suffered a fracture of the fibula in its lower third, with dislocation of the tibia inward. When I saw her the fibula had united at an obtuse angle, its fragments being carried inward, while the foot was twisted outward to such an extent that she walked on its inner edge. The operation consisted in a resection of the fibula at the point of union, the reduction of the dislocated astragalus, and the application of the appropriate splints to keep the limb in the proper position. The success was complete.

Cerebro Spinal Meningitis.

Dr. ARNOLD.—I was called to see a girl ten years of age, who had been sent home from school on ac-

count of headache, pain in the legs and a feeling of fatigue; and I was told that she had had spasms. When I saw her there was stupor, the pupils contracted, head thrown back, pulse 100, and petechial on the forearms. I ordered leeches to the head, calomel and jalap, and pediluvia. During the next day she had four attacks of spasm and there was some opisthotonos. On the succeeding day she seemed better, but the right arm was paralyzed. On the next day she had spasms, became comatose and died. She was sick about two and a half days. The question with me is, whether this was a case of cerebro-spinal meningitis, or not.

Dr. REYNOLDS.—Dr. Fay had a case somewhat similar, which he considered cerebro-spinal meningitis.

Dr. MORRIS.—I had two cases, corner of Front and Plowman streets, of convulsions in children. The first died in four hours; the second in twenty-four hours. There was no petechiæ. We have all seen dangerous cases of scarlatina in which there was no eruption, and I supposed these to belong to that class.

Dr. WARREN.—I saw a man suffering from pneumonia of the right side. The symptoms subsided, but he became comatose, pulse slow, and full, pupils contracted, petechiæ, and, in a few hours, opisthotonos. He died in a short time. I considered this a case of cerebro-spinal meningitis. I used Dr. WILLIAMS' remedy—tinct. gelsemium—but without avail.

Dr. JONES.—Sometime since a lady became very much frightened by the house in which she lived taking fire. She had convulsions every five, ten or fifteen minutes. There was opisthotonos, paralysis of the right side, pupils contracted, blindness, and a distinct eruption on the chest, arms and neck. Every sense except hearing seemed to be absent. The hearing was so acute that the jarring of a door produced convulsions. I gave her mercury, potass. brom., tr. gelsemium, and chloral at night. The bromide of potass. acted badly and seemed to excite her. I am now giving strychnia and iron. She is improving, but is still quite enemic.

Dr. UHLER.—I had two cases of typhus, with symptoms somewhat similar to those described this evening. One died, and the other lived in spite of me.

Dr. NOEL.—I read, some time since, an article on the treatment of epilepsy. Whenever there was cerebral anæmia, strychnine was used with benefit; when congestion of the retinal vessels, potass. brom. was preferred. Dr. Jones' case may have been one of marked anæmia, which will produce the same symptoms as congestion.

Dr. UHLER.—Chloral, according to recent experiments, produces anæmia of the retina.

Dr. NOEL.—It does not produce anæmia of the

brain. I have found that it is one of the best hypnotics that I can use in many cases of excitement. Some of my cases have used it continuously from three to six months, but have met with no disease of the nails and fingers like that referred to by Dr. Smith.

Dr. JONES.—Chloral is more of a cerebral stimulant than potass. brom.

Dr. CURREY.—In some experiments chloral was said to diminish congestion, and I have used it with benefit in convulsions dependent upon congestion.

Asthma.

Dr. WARREN.—I was called to see a man who had been a martyr to asthma for five or six years. The materia medica had been exhausted without producing any relief. I gave gr.xxx. of chloral, which relieved him promptly, and he went to sleep in half an hour.

Diuresis.

Dr. FRIEDENWALD.—I would like to receive some information in regard to the treatment of some cases in which the principal symptom is frequent and profuse urination. I can get no satisfaction from the text-books in regard to it. There is no disease of the kidney nor pain about the bladder.

Dr. BALTZELL.—I have seen several cases of the disease spoken of by Dr. Friedenwald. The first case, I thought, from the excessive thirst and dryness of the skin, to be diabetes mellitus, but no sugar could be detected upon examination. He passed about one gallon of urine daily. The second and third cases (all males) were interesting because near the end of micturition blood was passed from the urethra. No strangury present. I have seen fifteen or twenty cases in which this dryness of the skin, thirst, excessive urination, etc., were the chief symptoms. I used warm baths and diaphoretics without relief. I saw a recommendation of the Bethesda water by Dr. WILLARD PARKER. I tried it (*Oj. ter die*), in connection with \mathfrak{zj} . doses of fluid ext. matico, and am pleased with the results. The diuresis was diminished and diaphoresis established, and the cases recovered promptly. I used

the alkalies and phosphoric acid without effect. There is nothing in the authorities that gives us any information in regard to these cases. When perspiration is checked by cold, warm baths and diaphoretics are usually sufficient for relief.

Dr. TANEYHILL.—Did you use the matico alone in any case?

Dr. BALTZELL.—I did not. I also tried the Bethesda water on two cases of diabetes mellitus, and there has been considerable improvement in the symptoms. The thirst is not so great, nor the irritation so frequent. I have had no opportunity to test the urine. I used it in a case of anasarca, following a mild attack of scarlatina, and also in a case of gouty deposits. Both were much benefited by the water.

Dr. LATIMER.—The frequency of these cases, taken in connection with the pending epidemic of cerebro-spinal meningitis, induces me to associate them. There may be some local excitation of the spinal cord near the origin of the phrenic nerve, which may irritate the kidney. It might arise from some spinal irritation without any organic change being found in the urine.

Dr. BALTZELL.—We all know that nothing will excite the bladder sooner than mental emotion, and the suggestion of Dr. Latimer is a very plausible one. In these cases I have noticed considerable nervous excitement, and within the last few weeks I have seen more cases of cerebro-spinal meningitis than ever before.

Dr. ARNOLD.—It is well known that spinal diseases are often indicated by an increased flow of urine. The late Dr. HANDY, who died of apoplectic paralysis, could always foretell his attacks by the profuse flow of urine. I think the suggestion of Dr. Latimer a very good one, that there may be an intimate relation existing between these cases of profuse diuresis and cerebro-spinal meningitis.

Whooping Cough.

Dr. BALTZELL.—I wish to call the attention of the members to the effect of vaccination on pertussis. I have tried it in a number of cases with much benefit.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Xanthelasma Palpebrarum.

Mr. J. HUTCHINSON read a paper on this subject at a recent meeting of the Royal Medical and Chirurgical Society:

The author stated that his paper concerned the buff or yellow patches not very unfrequently seen

near the inner angles of the eyelids, which had been described by Dr. Addison under the name of *villigoldea plana*, and which had been accurately figured by Mr. Wilson, Hebra, and several other authorities. He preferred Mr. Wilson's name because it had reference simply to the very conspicuous color of the patches, and to their location; and because it involved no suggestion of similarity or relation-

ship to any other malady. For some years the author had been engaged in collecting facts as to the clinical meaning of these curious patches, in the hope of finding that their presence might furnish a clue to their possessor's diathesis or state of health. More especially he had wished to investigate the correctness of Dr. Addison's belief (found on but very few cases) that they were usually associated with disease of the liver. The paper was based upon the narrative of about thirty cases, and was illustrated by a series of colored drawings. The chief conclusions arrived at are summed up in the following propositions:

1. That xanthelasma never occurs in children, while it is fairly common in middle and senile periods of life.
2. That, in a large majority of cases, its subject is not seriously ill, nor in any danger of becoming so.
3. That, in a small proportion of very severe cases, jaundice, with great enlargement of the liver, are met with.
4. That, when jaundice occurs, it almost always precedes the xanthelasmic patches.
5. That the form of jaundice is peculiar, the skin becoming of an olive-brown, or almost black tint, rather than yellow, and the color being remarkable for its long persistence.
6. That the enlargement of the liver may be very great, and that it may subside, and the patient regain good health.
7. That in many cases in which there has been no jaundice, there is yet the history of frequent and severe attacks of functional disturbances of the liver.
8. That xanthelasma occurs more frequently in females than in males, the proportion being two to one.
9. That in all cases the xanthelasmic patches appear in the eyelids first; and that in not more than about eight per cent. do they ever extend to other parts.
10. That the patches invariably begin near the inner canthus, and almost invariably on the left side.
11. That xanthelasmic patches are of little value for purposes of prognosis, being usually the evidences of past rather than of coming disease.
12. That it seems not improbable that they may result from any cause which has induced repeated changes in the nutrition, and especially in the pigmentation of the skin of the eyelids. Thus they occur to those who have been liable to have dark areolæ round the eyes, whether from "sick headaches," ovarian disturbance, nervous fatigue, pregnancy, or from any other cause. Hence their frequency in "bilious subjects," and in the female sex.
13. That it is probable that of the causes mentioned under which the pigmentation of the eyelids may be disturbed, disorder of the liver is the most

powerful; hence the fact that the more extensive cases are usually associated with hepatic disease.

The author stated, amongst other points, that when these patches are seen on the eyelids, it is usually safe to suggest that their possessor has been the subject, at some period of life, of very severe and frequent sick headaches, and that in two-thirds of the cases this suggestion would be confirmed.

On Sunstroke.

GEORGE THIN, M. D., of Shanghai, read before the Medico-Chirurgical Society of Edinburgh, 18th January, an article printed in the *Edinburgh Medical Journal*, from which we extract as follows:

I purpose giving briefly the notes of a few cases illustrative of the different modes in which the sun produces disease in so direct a manner as to justify the name of sunstroke.

The constable of the consular jail had superintended the prisoners rolling the croquet-lawn of H. B. M.'s Consul in the early morning, and on returning to the jail, had coffee, and retired to his room, apparently quite well. At 1 P. M. his comrade, who went to his room to remind him of the dinner-hour, found him lying in bed insensible. I saw him about ten minutes afterward. He was perfectly comatose; his skin excessively hot to the touch, especially the scalp; the face dark with venous blood, and the pulse rapid, weak, and irregular. I bled him, and had ice applied to his head and mustard to his legs. He died within half an hour. Very little blood had followed the venesection.

This case shows what is well known in the East—the danger of the morning sun. A man, otherwise healthy, passes, perhaps, a restless night from heat, is exhausted in the morning, and without eating a good meal, walks about in the sun, whose oblique rays strike him with deadly effect in the back of the neck. Such was no doubt the history of the above case. Feeling tired, the man lay down to rest, and the depressing effect of the sunstroke not being counteracted by treatment, death soon supervened.

The next case indicates another, and in my experience rarer form of cerebral affection from sunstroke.

I was asked, in the absence of another practitioner, on the evening of 13th of August, to see an English carpenter. He was perfectly conscious, and his intellect was clear. He complained of intense headache; the skin of the trunk and limbs was very hot to the touch, and the heat of the head was felt to be greater than that of the body. I ordered ice and cold cloths to be kept constantly applied to his head, and small quantities of nourishment to be frequently given. On the second day

afterward, his own medical attendant not having visited him in the interval, I was asked to see him again, and I found him in the following condition: The pulse was sharp, small, and 100; skin warm and dry; tongue very foul; scalp hot; pupils sluggish. He was insensible and delirious, but put out his tongue when urged to do so; the delirium was very active; the bowels had acted in the morning. Ordered *mindererus spirit* and *sal volatile*, and to continue the ice.

On the following day (the 16th) his condition was noted as follows: Eyes fixed, with a slight squit; constant pointing of the finger to some imaginary object of vision; muttering delirium; pulse very rapid, soft, and small (frequency could not be exactly ascertained, owing to much movement of the arm); tongue (as seen through the open mouth) covered with a dry brown fur; eyes much suffused, and skin of head very hot; patient's attention could not be arrested. Died at 12 noon.

This patient's life was probably sacrificed by his not having been seen by a physician from the evening of the 13th to the morning of the 15th. The ice and cold ordered at the first visit had improved him so much that on the 14th they were discontinued by his friends, and the man was allowed to be exposed to heat and light; hence the relapse which proved fatal.

On the 14th of August a tea-taster, and therefore not exposed by his avocation to the sun, felt weaker than usual when he got up, but recovered during the day. The following morning he felt weaker than he did the previous day, and I was sent for. I found him up and dressed, and with his usual expression, but when he walked he staggered like a drunken man; pulse 120, weak. He presented no other morbid symptoms. I had him placed in a dark room under a punkah, applied ice to his head, and gave him ammonia and gentian. In the evening he was better. Two days afterward I noted regarding him, "pulse quick and feeble; in walking lifts his feet high, and moves the legs slowly and straight, and has evidently great difficulty in coördinating the muscles of the lower extremities." He improved daily, and in three days more the difficulty of walking had almost entirely disappeared. His recovery was perfect within eight days of his attack.

This is one of the comparatively small number of cases in which the attack cannot be traced to any direct exposure to the sun, though such exposure to sunlight or heat as is sufficient to account for it might have easily occurred. There was no fever, and not a head-symptom. The symptoms point to a temporary suspension of the functions of the cerebellum, the only other symptom we have to account for being the depressed action of the heart—a depression which it is difficult, in the absence of

other symptoms, to imagine due to the deficient action of the sympathetic nerve.

In all these cases the symptoms, as well as the supposed lesion, belong to the cerebro-spinal system of nerves. The second class of cases, of which I am sorry I have only briefly recorded two examples, is that in which the symptoms resemble those of the first week of typhus.

A young man was exposed to the sun on the 14th of August, and passed a restless night. I saw him the following day, and found him with a quick, bounding pulse, hot skin, loaded tongue, and slight diarrhoea. The fever, which was as severe as, and very similar to, that of the first week of typhus, became much less on the fifth day of his illness, and he got rapidly well. A fortnight afterward a second exposure in the sun brought on a similar attack, from which he again recovered. In a case similar in every particular to this, in which the patient recovered within a week, the man never regained his lost flesh, and has been ever since subject to severe attacks of inflammation of the liver. There is nothing but the history and early termination of these cases to distinguish them from the first week of typhus, and they are often considered as cases of "continued fever"—whatever that may mean; but they are distinctly cases of sunstroke as are the others which I have described.

A third class of cases, equally attributable to sunstroke, and even more likely to have their cause overlooked, is when what may be termed the active stage of the attack is of very short duration, but there remains disorder of some of the abdominal viscera—generally the liver—which often proves very obstinate.

A gentleman, who was traveling in a steamer on the river Yangtse, sat for some time with his back to the sun, whose rays struck the nape of his neck: the immediate results were headache, debility, and loss of appetite. When I saw him the following day he felt better, his appetite was returning, but he complained of a feeling of numbness over the scalp. This man, who had enjoyed seven years uninterrupted good health in China up to the date of this short and slight illness, suffered from a disordered liver for twelve months afterward, during which period he lost considerably, both in strength and flesh. Similar cases are not uncommon.

A fourth, and by far the most numerous class of cases of sunstroke, consists of slight seizures, of which the symptoms are headache, hot skin, small, weak pulse, but without other signs of fever, and with no appreciable mischief, functional or organic, of any special organ—unless a peculiarly weak and compressible pulse be considered evidence of a special depression of the heart's action. These cases are generally cured by a cold application to the head, and the free administration of alcoholic and

estimable stimulants; and safety from a more aggravated attack is secured by the patient keeping out of the sun and glare. Slight as the symptoms are, they are not to be mistaken, and the peculiar condition of the pulse which I have described is pathognomonic, and, persisting as it does several days after all the other symptoms have disappeared, it is often possible to tell a patient from it alone what his symptoms were a few days before.

Adulteration of Food and Drugs.

Dr. LETHBY offers the following suggestions for laws to prevent this growing abomination. We quote from the *Medical Press and Circular*:

With respect to the machinery which is necessary for an act, my experience in the city has led me to the conclusion that it should be as follows:

1. There should be an officer appointed by the local authority to purchase samples of food in his district. In most towns there are inspectors of nuisances, or inspectors of meat and markets, and these officers may easily perform the duty of inspecting the shops of the district, and of purchasing articles of food or drink, when they suspect them to be adulterated, or to be sold in fraud.

Under the present and the proposed law, the duty of beginning an inquiry of this nature rests with the public, and experience has shown that although the public are the parties interested in the matter, yet they will not incur the trouble and responsibility of commencing legal proceedings against a dealer.

2. There should be a public analyst appointed by the local authority, and he should make the analysis of articles brought to him by the inspector, or by any other purchaser who had taken the necessary precautions to preserve the identity of the article, and this should be secured by proper regulations. In all cases of adulteration or of mixtures in fraud of the public, his certificate should be forwarded to the local authority, who should immediately send a copy of it to the dealer, and it should be regarded as *prima facie* evidence of adulteration or of fraud, but the dealer should, in case he thinks himself aggrieved by the certificate, have the power of appealing to a central authority, who should refer the matter to a chief analyst, whose decision should be final and conclusive, and the expense of this should be defrayed by the parties in default. This provision is of the utmost importance to guard against the possible errors of local analysts, as well as the prejudices which they may entertain on the subject of adulteration. The process to which I refer is not at all difficult, for it is already in operation in the case of many of the gas companies of London.

3. In case of a certificate of adulteration from the local analyst, or from the chief analyst on ap-

peal, the local authority should be required to prosecute the matter before a justice in the way provided for in the Act.

And with respect to penalties on conviction, the justice should be empowered to fine the defaulter, or to imprison him, or make him advertise his default, in a manner to be described by the justice, either in the public newspaper of the place, or upon his own shop window; and the penalties should be accumulative, so as to increase with each successive conviction of the same offender. And the execution of the Act should be confided to the local authorities in a compulsory manner.

As regards the question of the adulteration of drugs, it appears to be beyond the scope of a local authority, and should be committed to some medical body whose knowledge of this difficult subject is sufficiently large to enable them to deal with it; for the question of the adulteration of a drug is not merely too difficult for an ordinary analyst to settle, but it is altogether a specialty which belongs to a competent tribunal. In many cases it would be impossible to declare whether an article was adulterated or not, seeing that its strength and peculiar action on the human body are often dependent on the age of the preparation and on the climate where it is grown—this is so with almost every vegetable preparation, notably with senna, rhubarb, opium and sarsaparilla. It does not appear to me, therefore, that drugs have any place whatever in a bill for preventing the adulteration of food or drink, but should be made the subject of independent legislation.

Bronzed Skin.

Dr. J. M. ROSSBACH, of Würzburg, has collected a number of cases upon which he contributes a singular paper in *Virchow's Archiv*. Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rossbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and mental phenomena.

In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognizable, and stands in close but not necessary relation to disease of the supra-renal capsules. Psychical disturbance, extreme anemia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Prof. WILLIAM MOORE's case, recently published in the *Med. Press and Circular*, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on *post-mortem* examination, goes to show that the connection is not invariable.

On the Removal of Nævoid Growths.

Mr. JAMES F. WEST, F. R. C. S., senior surgeon to the Queen's Hospital and Professor of Anatomy in Queen's College, Birmingham, writes to the *Lancet* on this subject:

Each case must be treated on its own merits. Thus there are certain cases in which the setting up of adhesive inflammation, and the consequent obliteration of the vessels supplying them by the injection of the perchloride of iron, by vaccination, or the introduction of heated wires into them may be advantageously employed. But this principle cannot be carried out in many nævi of the face, as a large, dense cicatrix is thereby produced, which is often very unsightly. The simple application of collodion, or of pressure by elastic pads, may cure in slight cases.

The destruction of nævi by caustics, again, is attended by uncertain results, and the consequent cicatrices are often deep and ugly, from the impossibility of our gauging the distance to which the caustics—as chloride of zinc, nitric acid, etc.—ought to penetrate the tissues.

The ablation of erectile tumors is probably the most perfectly reliable means of treatment, and this may be accomplished either by enucleation, the ligature, the knife or the *écraseur*.

Piecemeal excision or enucleation is often attended with great loss of blood, even where the adjacent arterial trunks have been compressed as completely as possible; and the little patients who are the ordinary subjects of nævi bear hemorrhage badly. A comparatively trifling loss often proves so serious to the patient that the attacking of large subcutaneous nævi by this process would hardly be justifiable.

The same difficulty meets us in the use of the knife; and I cannot doubt that the older surgeons were just in laying it down as a rule that, in removing nævi, it was always proper to cut wide of the tumor, and on no account to cut into its mass.

The introduction of either hare-lip pins or of ligatures frequently fails to cure; the latter are especially unreliable with venous nævi of large size, owing to their becoming loose, even though the skin around the growths may not have been included in them. The parts daily diminish in size, so that ligatures have to be again and again applied to ensure the entire destruction of the tumor. Moreover, ligatures often set up troublesome ulceration at the base of the nævi, from which occasionally severe hemorrhage takes place.

The advantages which, in my experience, the *écraseur* offers are, that hemorrhage is avoided—an important element in all operations, but particularly so with children, and that you have a linear cicatrix and a comparatively small wound; and thereby prevent or diminish the deformity which, by other operative procedures, will almost of necessity be produced. Chassaignac, also, claims for it that less inflammatory action and less suppuration attend its use than that of the knife; and, consequently, that the wounds resulting therefrom heal more readily, and are less likely to be followed by pyæmia. On these latter points I will not now offer an opinion; but as to the smallness of the resulting cicatrix—a great desideratum in all operations about the face—and as to the freedom from hemorrhage, even when dealing with large growths of this kind, I am quite decided.

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Up to the present time, so far as I am aware, seven operations have been suggested for the radical cure of reducible inguinal hernia, all having the same object—the obliteration by plastic material of the aperture of exit.

The very simple operation I now recommend requires neither the invagination of the parts nor the use of plugs or buttons, whether of india-rubber or split shot. The steps of the operation are these:

I use a rather long-handled flat nævus or hemorroid needle, well bent (quite a semi-circle from shoulder to tip of $1\frac{1}{2}$ in. diameter), not too wide, and sharpened on both sides from one-third of an inch from the point. A fine hole is drilled for the passage of the ligature, a quarter of an inch from the point. This needle, with a plain dissecting forceps and strong salmon-gut, is all that is required for the operation.

In the first place, chloroform must be fully administered, the hernia reduced, and the thigh abducted and flexed. The finger, as usual, is introduced quite within the internal ring, carrying the integument in front of it up the canal, while the assistant draws the skin of the abdomen firmly over toward the opposite groin. The threaded needle is then passed close to the finger, a small piece of wax having been moulded on its point (instead of a canula); the handle of the needle is raised, and the point pushed through the internal pillar and the abdominal parietes close within the internal ring. The portion of gut on the convex side of the needle is seized by the forceps of the assistant, and the needle, still threaded, withdrawn through all the structures except the temporarily invaginated skin. The finger being carefully maintained *in situ*, the

gut on the concave surface of the needle is slightly pulled by the assistant, while that already seized is firmly held; this facilitates the turning of the needle and transfixion of the outer pillar (Poupart's ligament). This being accomplished, the skin of the abdomen is drawn toward the crest of the ilium, and the needle passed through the original aperture, unthreaded, and the finger and it withdrawn. We have, therefore, one scrotal and one abdominal aperture—the latter directly above the aperture of exit of the hernia. Nothing now remains but to tie firmly home the two ends of the salmon-gut, cut it short, and let it drop into the wound. A pad and spica bandage are applied, a dose of opium is given, and the patient kept in bed until the parts are well matted together. The knot of salmon-gut will either become encysted or come away, it matters little which; in either case the approximation of the pillars is certain. It is satisfactory to the operator that the assistant should pass his finger up to the internal ring, when he can distinctly feel it grasped as the ligature is tightened. It is absolutely necessary that the salmon-gut should be soaked in warm water for five minutes before being used, and that long round threads should be selected. The needle should be threaded from the concave side.

Iodide of Potassium in Syphilis.

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This condition is often not comprehended by

practitioners, who abandon the iodide (or are themselves abandoned by the patient), and take to mercury or some other drug, which in such a state of the alimentary canal can command no success. A dose of blue pill and colocynth, with a few days' treatment with nitro-hydrochloric acid, and complete abstinence from alcoholic drink, will, however, speedily restore the appetite, clear the tongue, and render the patient again able to take the iodide. Mr. Hill has known a disordered stomach to make iodine inoperative, even when that drug had been taken for only a short time. In one case he was applied to by a medical man for advice about a very painful node on which iodide of potassium produced no effect. He found that the stomach was considerably deranged, and prescribed some simple remedy for its condition before making a further attempt with the iodide. Then, on the iodide being resumed, the patient was immediately relieved of the pain and swelling, which it had before failed to influence. Again, the use of iodine can sometimes be prolonged, after the system has tired of it, if combined with sarsaparilla, of which the most useful forms are, in Mr. Hill's opinion, the liquid extracts of BELL or SQUIRE. One, two, or even three drachms should be given in half a pint of water, with the requisite dose of iodide, about midway between, or two hours after, meals. Ammonia very greatly assists the effect of iodide of potash in debilitated patients. It is a more valuable adjunct than the salts of iron even. Four or five grains of the sesquicarbonate may be added to the draught of iodide. Bromide of ammonium added to the iodide has apparently also a good effect in the nervous affections of syphilis.

With regard to the form of iodide to be employed the salts of potassium, sodium, and ammonium alone can be trusted to produce marked effects of iodine; but which of these is preferable Mr. Hill hesitates to decide. The taste of each of them is perhaps equally disagreeable; but the sodic and ammoniac forms, having smaller equivalents of alkali, furnish a larger amount of iodine, weight for weight, than the potassic. Empirically, he has not been able to detect any particular advantage in any one of these salts over the others. Either of them, if pushed too far, will produce iodism; and the patient will at one time bear one better than another. He has not been able to detect any difference between the effects of these three salts, except that each is useful for ringing a change in cases where the use of iodine must be long continued.

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Piecemeal excision or enucleation is often attended with great loss of blood, even where the adjacent arterial trunks have been compressed as completely as possible; and the little patients who are the ordinary subjects of nevi bear hemorrhage badly. A comparatively trifling loss often proves so serious to the patient that the attacking of large subcutaneous nevi by this process would hardly be justifiable.

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Dr. JACOBSON, of Königsberg, relates, in Virchow's *Archiv*, vol. 51, second part, a series of experiments upon animals, by means of thermo-electricity, to

ascertain the actual temperature of some viscera. He found, contrary to Claude Bernard's opinion, that the blood is warmer in the left than in the right heart. But he verified and found correct another assertion of Bernard's—viz., that the liver presents a higher temperature than the axilla and the rectum. Dr. Jacobson also recognized that the temperature of intensely inflamed skin and muscles never runs as high as the temperature of inner portions of the body, such as the upper part of the rectum or vagina, or the cavity of the abdomen. M. Bernhardt and Dr. Jacobson, excited, by caustic injections, pleuritis and peritonitis with exudation, and by carefully experimenting and measuring they found the following opinion of John Hunter's in accordance with fact, viz.: "That local inflammation cannot raise the temperature higher than the degree of warmth found at the source of the circulation."

The Chancreous Poison.

Mr. C. F. MAUNDER, Surgeon to the London Hospital, said in a recent lecture:

At the present time I am of the number of those who believe with Ricord in the unity of the syphilitic, but the duality of the chancreous poison—that is to say, that constitutional syphilis is a natural consequence of the *hard* and not of the *soft* chancre. We have been fortunate indeed in seeing the two kinds of sore, with some of their attendant consequences, exemplified on the same patient; but this very case might have tended to upset the above theory, had it been seen later. A hard sore will sometimes run its course without the patient having been aware of its existence. The enlargement of the glands, free from pain, often escapes notice, and a mild rash, causing no irritation, is observed only when the above symptoms have disappeared, and thus soft chancres may be accredited with infecting the system. Thus you see a hard sore will sometimes require no treatment, but very often it will not heal without the administration of mercury, either in the shape of blue-pill, inunction, or the mercurial vapor-bath; and blackwash is a useful topical application. Should the alum-wash appear unsuitable to soft sores, treat them on general principles.

Action of Mercury on the Liver.

Dr. T. R. FRASER concludes an exhaustive article on this subject in the *Edinburgh Medical Journal* for April, in these words:

The examination we have now concluded of the various doctrines respecting the action of mercury on the liver, has shown us that this substance undoubtedly exerts a cholagogue action, in so far that by its influence the flow of bile into the intestinal

canal may be increased. It has further shown that there exists some evidence in favor of the doctrines which imply that mercury may increase the formation of bile by a direct and indirect action on the liver, and also by an action in virtue of which various abnormal conditions that interfere with the secreting functions of this organ are removed.

The evidence in favor of the latter doctrines is by no means satisfactory; and, on this account, it is to be regretted that the experimental investigations we have referred to are inconclusive, and, therefore, of no value in increasing our knowledge. The present state of therapeutics urgently calls for more certain, exact, and positive information respecting the action of remedies and the pathological conditions in which they are exhibited. Until this is obtained, the practice of medicine must be founded on more or less unsatisfactory indications; but it is quite unjustifiable to urge that, because our knowledge is imperfect, therefore the results of empiricism, even when most valuable and undoubted, are to be discarded. Empiricism shows that mercury is beneficial in certain diseases, and that it acts in various conditions as a cholagogue; but we are not entitled to discard its use because our knowledge of the mode of action, and of the pathological conditions in which it is indicated, is imperfect. More or less vague indications must undoubtedly be trusted to; erroneous applications must frequently be made; and an indiscriminate and injudicious employment must often occur, and call forth wise remonstrances, or give an opportunity for the assertion of injudicious prejudices. A therapeutical doctrine founded on plausible evidence, even when this is insufficient to establish it on a firm scientific basis, will, however, remain a proper, though unsatisfactory, guide for practice, so long as the reasons advanced against it are themselves inconclusive and unsatisfactory.

Poisoned with Sweetmeats!

This sentence threatens to take its place among the verdicts of coroners' juries, if we may judge from what we hear of the sale of poisonous confectionery. A correspondent of the *Pharmaceutical Journal* writes: "A short time since I purchased some confections of a most respectable dealer in Oxford street, and my suspicions being aroused by the brilliant colors of some of the sweets, I examined them and found that chromate of lead, vermillion, and other metallic poisons had been used in their manufacture." The idea of this may well strike terror into the hearts of those who superintend the nursery. There is, however, one great safeguard, which may be condensed into the moral, Never buy sweetmeats which are colored brilliantly. A still safer moral is, Never buy sweetmeats at all.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 13, 1871.

E. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

A NOTE OF PROGRESS.

The medical department of Harvard University at Boston, Mass., has become one of the largest medical schools in the country. We are gratified to find that its large and able faculty is not satisfied to settle down in the old beaten path of cramming all branches of medical science into the minds of first and third course students alike, but that it has adopted the system so long advocated by Dr. N. S. DAVIS, of Chicago, and adopted several years ago in the Chicago Medical College, of dividing the studies into three courses, one for each of the years required by custom in this country for attendance on medical lectures. The following is the curriculum of study adopted by the faculty:

For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

The advantages to the student of this plan of division of studies are self-evident, and it is to be hoped that other medical schools throughout the country will adopt the principle.

With the adoption of this principle in medical education must ultimately come the lengthening of the course of study. Three years do not give sufficient time for a thorough

acquisition of even the theoretical part of medical knowledge, while much time should be devoted to witnessing and engaging in the practical application of this knowledge at the bedside of the sick before the student enters upon the duties of a general practitioner of medicine.

This action of the medical department of Harvard University is the most hopeful sign of medical progress that has appeared for many years, and it should popularize this school with medical students.

THE MORAL ASPECT OF SANITARY SCIENCE.

When other considerations fail to influence public action, when the dangers of death and disease are not sufficiently appalling to induce an observance of sanitary regulations, it is high time soberly to appeal to the religious sentiment, and to demand that in the interest of virtue and morality there should be a stop put to those causes which generate sin quite as fast as they do sickness.

There is little room for doubt that to strike at the root of the filth, laziness, drunkenness, and disease, of great cities, we must begin with the homes of the poor. We must trust to the school-board and the churches for available means of regenerating their physical conditions of existence. Over crowding means dirt, disease; moral and mental depression: these carry with them vice and drunkenness as invariable corollaries.

In England Dr. TRENCH has called attention, by a special publication, to the necessity of revolutionizing working-men's dwellings in Liverpool, as an essential preliminary to success in the efforts now being made to relieve that town of the reproach of excessive mortality and a shocking record of drunkenness. He traces the present high death-rate in no small measure to the immigration of Irish pauperism in 1846-7, when from 60,000 to 70,000 immigrants settled themselves permanently in Liverpool, occupying every nook and corner of the already overcrowded lodging and sublet houses, and even forcing themselves into the cellars.

The state of things is quite as bad in the New York tenement houses, and in the viler portions of many other American cities. In such swarming hives modesty, purity and

cleanliness are next to impossible, and the highest virtue one can practice is stoicism.

There is altogether too much inclination on the part of physicians to underestimate the value of the assistance, counsel and support of religious teachers; there is not unfrequently a disposition on the part of the latter to overlook the intimate relations which exist between the moral and the physical parts of man's nature. The poor will be benefited when a better understanding is brought about between these two professions, and the work of relieving sin and suffering is entered upon as one requiring coöperation.

Notes and Comments.

Criminal Abortion.

This subject was discussed at the recent meeting of Missouri State Medical Association, and a special committee, consisting of Drs. F. T. DAVIS, MORRIS and PALLER, was appointed to prepare and submit to the Legislature of the State, at its next session, suitable and appropriate legislation to remedy the evil.

The Board of Health of this City.

Among the departments of our municipal government Boards of Health, for obvious reasons, are among the most important. It is fortunate for our city that just at this important season its Board of Health has been reinforced by so eminently appropriate an appointment as that of Dr. ALFRED STILLÉ, just made by the Court of Quarter Sessions. The appointment is made to fill the vacancy occasioned by the death of Dr. ELIAS WARD, late President of the Board, and we earnestly hope it will not be declined. Dr. Stillé is not a seeker of office, and the fact that the office has sought him is an evidence of his fitness for it.

Dr. JAMES MCCHESA has been elected President of the Board.

Dr. EDWARD WARREN has resigned the Chair of Surgery in the Washington University of Baltimore. Dr. Warren has long been known as a skillful surgeon, an able teacher, and an obliging gentleman. He is one of the founders of the medical school in which he has been professor, and his resignation will be learned with regret by many interested in its welfare.

Webster's Unabridged.

Those of our readers who are not the fortunate possessors of this invaluable work know not of what

they deprive themselves. Besides being a fountain of knowledge from which every member of a family may draw supplies, the scientific and professional man will often find it quite as satisfactory to meet their several wants as even the dictionaries compiled for their special use.

Medical Societies.

Secretaries of medical societies in all parts of the country, State, county, or city, will do us a favor, and themselves and the profession a service, by furnishing us with reports of their proceedings. When possible, we would much prefer reports giving condensed account of the proceedings, omitting unnecessary details and matters of mere local interest.

Cheap Medical Colleges Condemned.

The Missouri State Medical Association, which met recently in St. Louis, placed the seal of its condemnation on the practice of some of our medical schools of lowering fees in order to attract students. The following pointed preamble and resolution were passed:

WHEREAS, The grand struggle for existence between the numerous schools throughout the country has been degraded, in many instances, to one of mere dollars and cents by lowering the charges, and that this unprofessional step is accomplishing more than anything else to lower the standard of our profession; therefore be it

Resolved, That we approve the recommendation of the American Medical Association, that a uniform standard of charges be adopted by the various medical schools, and recommend that any medical school in this State resorting to low prices for increasing their classes be excluded from this association.

The American Medical Association.

The American Medical Association met in San Francisco on the 2d inst. Over two hundred delegates were present from the eastern States. Delegates from women's medical institutions were ruled out. Dr. D. W. YONDELL, Jr., of Louisville, Ky., was elected President. The next meeting will be held in this city.

University of Pennsylvania—Professor Appointed.

At a meeting of the Trustees of the University of Pennsylvania, held last week, Prof. D. HAYES AGNEW was unanimously elected to the Chair of Principles and Practice of Surgery, made vacant by the resignation of Prof. H. E. SMITH. Prof. Agnew will also continue in the Chair of Clinical and Demonstrative Surgery, as heretofore.

This appointment is one which will give universal satisfaction, and is as much an honor to the Institution as it is a well deserved and hard earned compliment

to the receiver. Under his previous supervision the Clinical teaching of the University, has already assumed the position demanded by the practical spirit of the times, and we may look for greater advances in the future.

Correspondence.

DOMESTIC.

Scarlet Fever.

EDS. MED. AND SURG. REPORTER :

Much has recently appeared in your truly valuable REPORTER in reference to the contagious character of scarlet fever and the treatment of that intractable disease. If you are not weary of such communications, please accept this as a contribution to your columns.

In regard to the contagious character of the disease in question, I am as well satisfied that it is so as I am of my existence. In proof of this I present the following cases: I had a little girl seven years of age who had never experienced a day's sickness till after the occasion of a visit to a little friend of her five years of age, who was laboring under a severe attack of scarlet fever. On the third day following her visit she was taken with vomiting, and in a couple of days after the eruption of scarlet fever made its appearance. She received the best of attention both from her nurses and medical attendants, but died during the third week of her illness. She had not been exposed to any other sources of disease, nor was scarlet fever prevailing in the vicinity of her home. She contracted the disease from the friend she visited, and fell a victim to it. A second case was that of a young gentleman, seventeen years of age, attending school at Tremont Seminary, in this place. He had an exceedingly mild attack of the disease, which progressed rapidly to recovery. During the period of desquamation he left for home, some twenty miles distant. His sister, a young lady of eighteen, took charge of him, washed, dressed and prepared his food. In a week after her brother's arrival she was down with scarlet fever, and died during the second week of her illness. In this case the disease seemed to be introduced by transmission. These two cases alone perfectly satisfy me that scarlet fever is positively contagious, and were it necessary, I could narrate a score or more to substantiate my position. In regard to the treatment of this ailment, I do not believe we are any better posted than were our fathers half a century ago; nor do I believe that any one plan of treatment is applicable to all cases. What will prove beneficial in one may become detrimental

in another; and the idea that ice, or chlorate of potash, or iron or caustics to the throat, or greasing the patient from head to heels, or cravating him with patches of rusty bacon, operate as specifics, is altogether chimerical. Till we are better educated in regard to the cause of scarlet fever, the conditions that render individuals susceptible to its impression, and the hygienic measures that tend to mitigate its virulence, exercising common sense, prescribing what we know will render the sufferer comfortable, by controlling excitement, alleviating pain, combatting complications, and giving support to the system when demanded, seems to me to be the most rational and advisable course to pursue. Treat the case on general principles and do not halt to wrangle about this particular plan of treatment or that. We have no more faith in one special plan of treatment in the majority of cases of scarlet fever than we have in that of some of our German neighbors in a certain section of this county, who rely almost entirely upon excrement from the pig sty made into poultices and applied to the throat for the cure of this terrible disease. The moment a child exhibits symptoms of the disease the neck is enveloped in one of these filthy applications, huge in its proportions. We well remember, on one occasion, visiting a patient whose throat was encircled with one of these odoriferous specifics. On entering the room we were almost stifled by the intolerable stench, and not knowing what occasioned it, ordered the windows to be hoisted and the doors thrown open. "Got in himmel!" replied the old nurse, "I dinks, doctor, dat cold will kill der boy; why de warmer de room ish, and der more dat swine dunger smells, de quicker it kills de pisen in der throat." We remarked to the old lady that we thought if the scarlet fever did not poison the child the poultice would, and at our request she dispensed reluctantly with her favorite medicament. It is said the homoeopaths are far more successful in the treatment of scarlet fever than the regulars. If they are, it is because their remedies, being void of potency, nature alone controls the disease. Their patients get well by letting the disease alone. Be this as it may, thirty years' experience has satisfied me that the less heroic medication patients laboring under scarlet fever are subjected to the better for them. We have frequently heard medical men assert that by their peculiar plan of treatment they scarcely ever lost a case of scarlet fever. If they did not, we rest pretty well assured they were not troubled with many cases to lose.

We have not the slightest disposition to under-rate medical treatment in the disease in question. We have strong faith in the virtue of medicinal agents, and believe that much can be done by their judicious administration in robbing scarlet fever of

its horrible malignity and giving relief to its prostrated and suffering victims, but we do not believe, as before observed, that under existing circumstances we can, by any special plan of treatment cut short the disease, or in other words, in the majority of cases cure the patient. Let us do the best we can in every case to bring about recovery, not forgetting to give nature a large share of credit for the restoration of the patient to health and vigor, and in the meantime exert ourselves to ferret out, if possible, the cause of this scourge of childhood, determining the peculiar conditions under which it is most likely to exert its deleterious influences on the human organism, and the best means to prevent its development and fearful propagation; let this be done, and the treatment of the ailment will most likely be a matter of minor consideration. The old adage, "That an ounce of prevention is worth a pound of cure," is particularly applicable to scarlet fever.

In conclusion, we remark that in this disease good nursing is equivalent to good medical treatment.

J. B. DUNLAP, M. D.

Norristown, Pa.

NEWS AND MISCELLANY.

Dr. Brown-Sequard.

The members of the profession will hear with pleasure that this gentleman has returned to Boston, and will make it his place of residence, for the present at least. Driven from Paris by the threatenings of war during the last summer, he receives a hearty welcome from his brethren here, and his professional services will be gladly availed of by those having important cases in his specialty.

The Medical Profession in Vienna.

In 1870 there were 739 Doctors of the Medical Faculty, 107 Military Doctors having rights to practice in Vienna, 2 civilian and 16 military Masters of Surgery, 73 municipal Surgeons and accoucheurs, 52 dentists, 50 apothecaries, and 725 midwives; making a total of 1,764. In the year 1860, the numbers of Doctors of Medicine were 584, of Military Doctors having right to practice 73, of Masters of Surgery 22, of municipal Surgeons 113, of dentists 26, of apothecaries 45, and of midwives 885.

—Two natives of the Garrow-hills, in Madras, are to be trained as vaccinators to practice in their tribe, which suffers severely from small-pox. On the other hand, the villages of Kunnool oppose the entrance of vaccinators by force, and hide their children in the jungle.

—A Western editor has been sent abroad by his subscribers on account of ill-health. This is the first instance of the kind on record. Clergymen are sometimes subject to this treatment.

The subscribers who sent him were probably those who were "in arrears," and who took this method of testifying their appreciation of his "eminent abilities" and "self-sacrificing labors."

—Dr. SABINE, assistant professor of anatomy in the College of Physicians and Surgeons of New York, has taken the place of Prof. C. L. Ford, in the chair of anatomy and physiology at the medical school, Bowdoin College, Maine. Prof. Morse, of the Peabody Institute, and the Boston School of Technology, is giving a course of twenty lectures on comparative anatomy and zoölogy, at the same institution.

M. SÉDILLOT, of Paris, by means of an electrical apparatus, raises the temperature of his instruments to a white heat, and then performs any surgical operation, which is scarcely felt by the patient, as burns at that heat cause little or no pain.

MARRIED.

BADENAU-BISCO—In New York, May 4, at the residence of the bride's parents, by the Rev. Wm. McAllister, C. W. Badenau, M. D., and Louise Edgar, daughter of John Edgar, Esq., all of that city.

BLOOMFIELD-DAVENPORT—At Peru, Indiana, April 3, Dr. E. M. Bloomfield and Miss Helen L. Davenport.

COLE-LEEDS—April 26, at the Reformed Church in West Thirty-fourth street, New York, by the Rev. Isaac Riley, Edgar B. Cole, M. D., of Waterford, N. Y., and Mary K. Leeds, daughter of Joseph Brooks, Jr., of Warwick, Orange county, N. Y.

JACKSON-LOOSELEY—In this city, April 20th, by Rev. J. L. Withrow, Dr. William Henry Jackson, of Quebec, Canada, and Miss Ruth Looseley, of Philadelphia.

JOHNSON-BURGESS—In Grafton, Vt., April 12th, Dr. L. W. Johnson, of Redwing, Minn., and Lizzie Burgess, of Grafton.

STIMSON-PARKER—In University Place church, New York, on April 13th, by the Rev. Dr. Booth, Daniel M. Stimson, M. D., and Edith M., daughter of Willard Parker, M. D., all of New York.

DIED.

CLARK—At Paris, Ill., while on his way to Europe, April 17th, Dr. E. A. Clark, of St. Louis, Mo., Professor of Surgery and Surgical Anatomy in the Missouri Medical College.

CUTLER—In Bed Bank, N. J., recently, Dr. Smith Cutler, aged 90 years.

DWIGHT—At Henderson, N. Y., on the 6th ult., Amabel Dwight, wife of Dr. P. Dwight, in the 79th year of her age.

HOFFMAN—At Sing Sing, N. Y., May 3th, Dr. A. K. Hoffman, father of the present Governor of New York, aged 74.

HYDE—At Freeport, Me., April 22, Dr. Ephraim A. Hyde, aged 56 years.

JACOBI—On April 27, in New York, Kate Rosalie, wife of A. Jacobi, M. D.

NEWELL—May 2, Gustavus Adolphus Newell, son of Hon. Wm. A. Newell, M. D., of Allentown, N. J., in his 21st year.

Mr. Newell was a student in the Medical Department of the University of Pennsylvania, and a young man of great promise.

POND—In New York, April 29, Piuma, wife of James O. Pond, M. D., aged 78 years.

VANDERPOEL—Suddenly, in New York, May 3, Anna Frederica, wife of Dr. Edward Vanderpoel.